

CLAIMS ONLY							Application Number		Filing Date				
							Applicant(s)						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		51	Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	1						51		1				
2		1					52	1					
3			1				53		1				
4				1			54			1			
5					1		55				1		
6						1	56						
7							57			1			
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						